

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

ATTENUATED LIVE NEOSPORA VACCINE

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on _____ (if applicable)
- ☐ was filed in the United States on _____ as Application No. _____ (for declaration not accompanying application) with amendment(s) filed on _____ (if applicable)
- ☐ was filed as PCT international Application No. _____ on _____ and was amended under PCT Article 19 on ~~44~~ _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
60/031,248	November 12, 1996

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

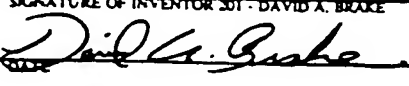
POWER OF ATTORNEY: As a named inventor, I hereby appoint

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J. TREVOR LUMB	28,567	MARK DRYER	28,775
RAYMOND W. AUGUSTIN	28,588	JOHN L. LAPIERRE	29,185
PAUL H. GINSBURG	28,718	GREGG C. BENSON	30,997
ELIZABETH O. SLADE	29,011	ROBERT F. SHEYKA	31,304
JAMES T. JONES	30,561	GROVER F. FULLER, JR.	31,760
A. DEAN OLSON	31,185	KAREN DEBENEDICTIS	32,977
HOWARD R. JAEGER	31,376	PHILIP C. STRASSBURGER	34,258
MERVIN E. BROKKE	32,723	LORRAINE B. LING	35,251
VALERIE M. FEDOWICH	33,688	GARTH BUTTERFIELD	36,997
BRYAN C. ZIELINSKI	34,462	B. TIMOTHY CREAGAN	39,156
ROBERT T. RONAU	36,257	ALAN L. KOLLER	37,371
CARL J. GODDARD	39,203		
RAYMOND M. SPEER	26,810		
GEZINA HOLTRUST	28,222		

and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: Dr. Peter C. Richardson Pfizer Inc. 235 East 42nd Street New York, NY 10017-5755				DIRECT TELEPHONE CALLS TO: Alan L. Koller 212-573-2118	
	FULL NAME OF INVENTOR	LAST NAME BRAKE	FIRST NAME DAVID	MIDDLE NAME A	
	RESIDENCE & CITIZENSHIP	CITY EAST LYME	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA	
	POST OFFICE ADDRESS	STREET 196 UPPER PATTAGANSETT ROAD	CITY EAST LYME	STATE OR COUNTRY CONNECTICUT	ZIP CODE 06333
	FULL NAME OF INVENTOR	LAST NAME BLAGBURN	FIRST NAME BYRON	MIDDLE NAME L	
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	POST OFFICE ADDRESS	STREET 309 WATERCREST COURT	CITY AUBURN	STATE OR COUNTRY ALABAMA	ZIP CODE 36830
	FULL NAME OF INVENTOR	LAST NAME LINDSAY	FIRST NAME DAVID	MIDDLE NAME S	
	RESIDENCE & CITIZENSHIP	CITY CHRISTIANSBURG	STATE OR FOREIGN COUNTRY VIRGINIA	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA	
	POST OFFICE ADDRESS	STREET 1655 SLEEPY HOLLOW ROAD	CITY CHRISTIANSBURG	STATE OR COUNTRY VIRGINIA	ZIP CODE 24073

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR I: DAVID A. BRAKE 	SIGNATURE OF INVENTOR II: BYRON L. BLAGBURN	SIGNATURE OF INVENTOR III: DAVID S. LINDSAY
DATE October 30, 1997	DATE	DATE

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SIGNATURE OF INVENTOR 001 - DAVID A. BRAKE	SIGNATURE OF INVENTOR 002 - BYRON L. BLAGBURN <i>Byron L. Blagburn</i>	SIGNATURE OF INVENTOR 003 - DAVID S. LINDSAY
DATE	DATE Nov. 6, 1997	DATE

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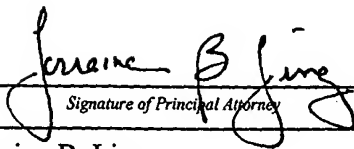
	FULL NAME OF INVENTOR	LAST NAME BRAKE	FIRST NAME DAVID	MIDDLE NAME A	
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SIGNATURE OF INVENTOR 001 - DAVID A. BRAKE	SIGNATURE OF INVENTOR 002 - BYRON L. BLAGBURN	SIGNATURE OF INVENTOR 003 - DAVID S. LINDSAY <i>David S. Lindsay</i>
DATE	DATE	DATE 10-30-1997

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** David A. Brake, et al.**Examiner:** V. Portner**Serial No:** 09/952,388**Art Unit:** 1645**Filed:** September 12, 2001**Docket:** 15471ZY**For:** ATTENUATED LIVE NEOSPORA VACCINEAssistant Commissioner for Patents
Washington, D.C. 20231ASSOCIATE POWER OF ATTORNEY UNDER 37 C.F.R. §1.34

Please recognize the following as Associate Attorneys:

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